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(Requestor's Name)	•
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

Division of Corporations			
LIQUOR MART PROPERTIES, L.C.			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
ELIZABETH S. TELEMACHOS			
Name of Person			
LIQUOR MART PROPERTIES, L.C.			
Firm/Company			
300 OCEAN AVENUE SUITE 2	•		
Address			
MELBOURNE BEACH, FL 32951			
City/State and Zip Code			
inimar@aol.com			
E-mail address: (to be used for future annual r	report notification)		
For further information concerning this matter, plea	ise call:		
OEL E. BOYD	321 255-0600 t()		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amo	ount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: LIQUOR MART	PROPER	TIES, L.C.	
2. (a)	(t))	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	300 OCEAN AVENUE SUITE 2		300 OCEA	N AVENUE SUITE 2
	MELBOURNE BEACH, FL 32951		MELBOU	RNE BEACH, FL 32951
	08/01/2000		1.000000093	97
3.	Date of filing/registration in Florida	4.		Document number
5. (i	MARK J. BOYD			
٥. رو	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS	2	
	360 N. BABCOCK ST, STE, 104			7 23
	MELBOURNE , F	32935		·
(b)	, [*]	L	 -	
	JOEL E. BOYD			
`	Enter name of NEW Registered Agent and/or NEW Registered	·		
	NEW Registered Office Address:			
	360 N. BABCOCK ST. STE. 104			
	300 N. BADCOCK ST. STE. 104			
	MELBOURNE F	L		
If the	limited liability company is not organized under the la		State of Flo	rida, it is hereby confirmed that after the
chang agent was/v	ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited hive vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability co of the lim	ed office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Ogaleth 5 Telenton inture of a member or authorized representative of a member	ELIZ	ABETH S.	TELEMACHOS
Sign	nature of a member or authorized representative of a member		-	Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act performa d for in C hereby co	in this capa ince of my a chapter 605, infirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signa	ture of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00